

NAVAL HOSPITAL, CAMP LEJEUNE PERFORMANCE MANAGEMENT PLAN

PART 1

1. PERIOD COVERED

FROM:

TO:

2.

☐ INTERM APPRAISAL

☐ RATING OF RECORD

3. NAME (Last, First, Middle Initial)

4. SSN

5. POSITION TITLE/SERIES/GRADE

6. ORGANIZATION/CODE

7. RECORD OF REVIEWS AND FINAL APPRAISAL

(Signature indicates that this step of the process has been completed. Must be signed and dated.)

STANDARDS

PROGRESS REVIEW

RATING

IMMEDIATE
SUPERVISOR

EMPLOYEE

8. RATING OF RECORD OR INTERIM APPRAISAL

☐ ACCEPTABLE

☐ UNACCEPTABLE

9. EMPLOYEE'S POSITION DESCRIPTION IS CURRENT AND ACCURATE?

☐ YES

☐ NO

10. SUPERVISOR'S COMMENTS

PART II

LIST CRITICAL ELEMENTS AND STANDARDS

**INDIVIDUAL
RATINGS**

EXAMPLE FORMAT:

Define Individual Critical Elements and Standards

1. Critical Element

Acceptable Performance Standard

ACCEPTABLE

UNACCEPTABLE